

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2		/					52	
3		/					53	
4	/						54	
5		/					55	
6	/						56	
7		/					57	
8		/					58	
9		/					59	
10		/					60	
11		/					61	
12	/						62	
13	/	/					63	
14	/	/					64	
15		/					65	
16		/					66	
17	/						67	
18		/					68	
19		/					69	
20	/						70	
21		/					71	
22		/					72	
23	/						73	
24							74	
25							75	
26							76	
27							77	
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32							82	
33							83	
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37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	8						TOTAL IND.	
TOTAL DEP.	5						TOTAL DEP.	
TOTAL CLAIMS	13						TOTAL CLAIMS	